



TRANSMITTAL FORM

Application Serial Number	10/822,336
Filing Date	April 12, 2004
First Named Inventor	Schowalter
Group Art Unit	1722
Examiner Name	Kunemund, R.
Attorney Docket No.	CIS-001CP
Patent No.	Not applicable
Issue Date	Not applicable

ENCLOSURES (check all that apply)


<input checked="" type="checkbox"/> Fee Transmittal Form (Form PTOL-85) <input checked="" type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form <input type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____] <input type="checkbox"/> Petition for Extension of Time <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application <input type="checkbox"/> Formal Drawing(s) <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance <input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate) <input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Return Receipt Postcard <input checked="" type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input type="checkbox"/> Additional Enclosure(s) (please identify below) <input type="checkbox"/>
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CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator
Goodwin Procter LLP
Exchange Place
Boston, MA 02109
Tel. No.: (617) 570-1000
Fax No.: (617) 523-1231
Customer No. 051414

SIGNATURE BLOCK

Respectfully submitted,


Matthew T. Currie
Agent for Applicants
Goodwin Procter LLP
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Date: August 29, 2006
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OFFICE TRANSMITTAL
FY 2005

Complete if Known

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METHOD OF PAYMENT

1. ☒ Payment Enclosed:
☒ Check ☐ Money Order ☐ Other
2. ☒ The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 07-1700.
☐ Required Fees (copy of this sheet enclosed).
☒ Additional fee required under 37 CFR 1.16 and 1.17.
☒ Overpayment Credit.
3. ☒ Applicant claims small entity status.

FEE CALCULATION

1. FILING/SEARCH/EXAM/SIZE FEES

Large Entity

Fee (\$)	Fee Description	Fee Paid
300	Utility filing fee	
500	Utility search fee	
200	Utility exam fee	
250	Utility size fee (each add'l 50 pgs. over 100)	
200	Design filing fee	
100	Design search fee	
130	Design exam fee	
250	Design size fee (each add'l 50 pgs. over 100)	

	Number Filed	Number Extra	Rate	Amount
Total Claims	- 20 =		x \$ 50.00 =	
Independent Claims	- 3 =		x \$200.00 =	
<input type="checkbox"/> Multiple Dependent Claim(s), if any			\$360.00 =	
TOTAL:				
SMALL ENTITY DISCOUNT:				
SUBTOTAL (1)				(\$) 0.00

2. AMENDMENT CLAIM FEES

	Claims Remaining After Amend.	Highest No. Previously Paid For	Present Extra	Rate	Fee Paid
Total	- 34 =			x \$ 50.00 =	
Indep.	- 4 =			x \$200.00 =	
<input type="checkbox"/> First Presentation of Multiple Dep. Claim				+ \$360.00 =	
TOTAL:					(\$) 0
SMALL ENTITY DISCOUNT:					(\$)
SUBTOTAL (2)					(\$)0.00

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
130	65	Surcharge - late filing fee or oath	
50	25	Surcharge - late provisional filing fee or cover sheet	
130	130	Non-English specification	
2,520	2,520	Request for ex parte reexamination	
120	60	Extension for reply within first month	
450	225	Extension for reply within second month	
1020	510	Extension for reply within third month	
1590	795	Extension for reply within fourth month	
2160	1080	Extension for reply within fifth month	
500	250	Notice of Appeal	
500	250	Filing a brief in support of an appeal	
1000	500	Request for oral hearing	
400	400	Petitions to the Commissioner (Gp. I)	
200	200	Petitions to the Commissioner (Gp. II)	
130	130	Petitions to the Commissioner (Gp. III)	
180	180	Submission of Information Disclosure Statement	
790	395	Filing a submission after final rejection (37 CFR 1.129(a))	
790	395	For each additional invention to be examined (37 CFR 1.129(b))	
100	100	Certificate of Correction for applicant's error	
130	65	Submission of Terminal Disclaimer	65.00
Other fee (Specify)			
Other fee (Specify)			

SUBTOTAL (3) (\$) 65.00

SUBTOTAL (1) 0.00

SUBTOTAL (2) 0.00

SUBTOTAL (3) 65.00

TOTAL (\$) 65.00

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PATENT
Attorney Docket No. CIS-001CP
(121055/161333)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): Schowalter and Slack
SERIAL NO.: 10/822,336 GROUP NO.: 1722
FILING DATE: April 12, 2004 EXAMINER: Kunemund, R.
TITLE: Powder Metallurgy Crucible for Aluminum Nitride Crystal Growth

CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to the Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 29th day of August, 2006.


Carrah M. Malone

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Submitted herewith are:

1. Transmittal Form (1 page);
2. Fee Transmittal (1 page);
3. Amendment and Response to Office Action (11 pages);
4. Terminal Disclaimer (2 pages);
5. Check in the amount of \$65.00; and
6. Return receipt postcard

LIBC/2832458.1